2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F02000003745

Entity Name: FIRST HORIZON INSURANCE SERVICES, INC.

Current Principal Place of Business:

530 OAK COURT DR. STE. 200
MEMPHIS, TN 38117

New Principal Place of Business:

Current Mailing Address:

530 OAK COURT DR. STE. 200
MEMPHIS, TN 38117

New Mailing Address:

FEI Number: 62-1808679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: RILEY, KIMBERLY L
Address: 530 OAK COURT DR. STE. 200
City-St-Zip: MEMPHIS, TN 38117

Title: S ( ) Delete
Name: KELLER, JOHN L
Address: 530 OAK CT. DR. STE 200
City-St-Zip: MEMPHIS, TN 38117

Title: CO (X) Delete
Name: JARNAGIN, SUSAN R
Address: 530 OAK COURT DR. STE. 200
City-St-Zip: MEMPHIS, TN 38117

Title: D ( ) Delete
Name: AUR, RHOMES
Address: 165 MADISON AVENUE
City-St-Zip: MEMPHIS, TN 38103

Title: CCO ( ) Delete
Name: MANN, PAUL H
Address: 530 OAK COURT DRIVE, SUITE 200
City-St-Zip: MEMPHIS, TN 38117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL H MANN CCO 04/21/2009

Electronic Signature of Signing Officer or Director Date